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Form **990-T**

**Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e))

OMB No 1545-0687

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning 09/01, 2011, and  
ending 08/31, 2012. See separate instructions

**2011**

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  
 501(C)(3)  408(e)  220(e)  408A  530(a)  529(a)

**C** Book value of all assets at end of year: 38,678,995.

**D** Employer identification number (Employees' trust, see instructions): 37-0512290

**E** Unrelated business activity codes (See instructions): 446199

Name of organization (  Check box if name changed and see instructions )  
SHELBY MEMORIAL HOSPITAL ASSOCIATION, INC.

Number, street, and room or suite no. If a P O box, see instructions  
200 SOUTH CEDAR STREET

City or town, state, and ZIP code  
SHELBYVILLE, IL 62565

**F** Group exemption number (See instructions)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

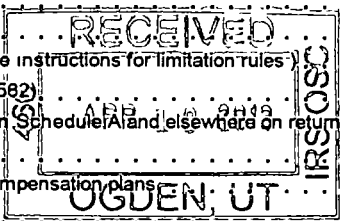
**H** Describe the organization's primary unrelated business activity: SALE AND RENTAL OF MEDICAL EQUIPMENT

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation

**J** The books are in care of: PHILIP MILLER Telephone number: (217) 774-3961

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>261,296.</u>			
b	Less returns and allowances <u>206,359.</u>			
	<b>c</b> Balance ▶	<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>		<u>-16,328.</u>
4a	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>		
c	Capital loss deduction for trusts . . . . .	<b>4c</b>		
5	Income (loss) from partnerships and S corporations (attach statement) . . . . .	<b>5</b>		
6	Rent income (Schedule C) . . . . .	<b>6</b>		
7	Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b>		
10	Exploited exempt activity income (Schedule I) . . . . .	<b>10</b>		
11	Advertising income (Schedule J) . . . . .	<b>11</b>		
12	Other income (See instructions, attach schedule) . . . . .	<b>12</b>		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	<u>-16,328.</u>	<u>-16,328.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b>	<u>35,629.</u>
15	Salaries and wages . . . . .	<b>15</b>	<u>80,738.</u>
16	Repairs and maintenance . . . . .	<b>16</b>	
17	Bad debts . . . . .	<b>17</b>	<u>1,247.</u>
18	Interest (attach schedule) . . . . .	<b>18</b>	
19	Taxes and licenses . . . . .	<b>19</b>	
20	Charitable contributions (See instructions for limitation rules) . . . . .	<b>20</b>	
21	Depreciation (attach Form 4582) . . . . .	<b>21</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b>	
		<b>22b</b>	
23	Depletion . . . . .	<b>23</b>	
24	Contributions to deferred compensation plans . . . . .	<b>24</b>	
25	Employee benefit programs . . . . .	<b>25</b>	
26	Excess exempt expenses (Schedule I) . . . . .	<b>26</b>	
27	Excess readership costs (Schedule J) . . . . .	<b>27</b>	
28	Other deductions (attach schedule) . . . . . <u>ATTACHMENT 1</u>	<b>28</b>	<u>52,060.</u>
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>	<u>169,674.</u>
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 . . . . .	<b>30</b>	<u>-186,002.</u>
31	Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b>	
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30 . . . . .	<b>32</b>	<u>-186,002.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) . . . . .	<b>33</b>	<u>1,000.</u>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b>	<u>-186,002.</u>



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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. See instructions for tax computation. 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 40b Other credits (see instructions). 40c General business credit. Attach Form 3800 (see instructions). 40d Credit for prior year minimum tax (attach Form 8801 or 8827). 40e Total credits. Add lines 40a through 40d. 41 Subtract line 40e from line 39. 42 Other taxes. Check if from Form 4255, Form 8611, Form 8697, Form 8866, or Other (attach schedule). 43 Total tax. Add lines 41 and 42. 44a Payments. A 2010 overpayment credited to 2011. 44b 2011 estimated tax payments. 44c Tax deposited with Form 8868. 44d Foreign organizations. Tax paid or withheld at source (see instructions). 44e Backup withholding (see instructions). 44f Credit for small employer health insurance premiums (Attach Form 8941). 44g Other credits and payments. Form 2439, Form 4136, or Other. Total. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want credited to 2012 estimated tax. Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs (attach schedule). 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title. Preparer's signature, Date, Title. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No. Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

ST. LOUIS, MO 63102-2733

Form 990-T (2011)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

Table for Schedule C with columns: 2(a) From personal property, 2(b) From real and personal property, 3(a) Deductions directly connected with the income, and (c) Total income.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E with columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Schedule F - Exempt Controlled Organizations with columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income.

Nonexempt Controlled Organizations

Table for Schedule F - Nonexempt Controlled Organizations with columns: 7. Taxable income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)**

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income (see instructions)**

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 2		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14.</b> . . . . . ▶			35,629.

Shelby Memorial Hospital Association  
NOL Schedule  
8/31/2012

	FEDERAL
Net Operating Loss Generated in 2006	(155,987)
Carryback to 2005	18,353
NOL Available for 2007	<u>(137,634)</u>
NOL used in 2008	<u>4,755</u>
NOL carryforward to 2009	(132,879)
Net Operating Loss Generated in 2009	<u>(62,938)</u>
NOL carryforward to 2010	(195,817)
Net Operating Loss Generated in 2010	<u>(139,952)</u>
NOL carryforward to 2011	(335,769)
Net Operating Loss Generated in 2011	<u>(240,629)</u>
NOL carryforward to 2012	(576,398)
Net Operating Loss Generated in 2012	<u>(186,002)</u>
NOL carryforward to 2013	<u><u>(762,400)</u></u>

ATTACHMENT 1FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES	22,931.
EQUIPMENT RENTAL/MAINTENANCE	11,465.
DUES AND SUBSCRIPTIONS	1,299.
POSTAGE AND SHIPPING	5,076.
GENERAL AND ADMINISTRATIVE	2,507.
UTILITIES	8,304.
LEGAL AND PROFESSIONAL	387.
TELEPHONE	10.
EDUCATION & BOOKS	81.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>52,060.</u>

ATTACHMENT 2SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
MARILYN SEARS 200 SOUTH CEDAR STREET SHELBYVILLE, IL 62565	PRESIDENT/CEO	7.901222	12,074.
PHILIP MILLER 200 SOUTH CEDAR STREET YES SHELBYVILLE, IL 62565	CFO	13.593204	15,449.
TOTAL COMPENSATION			<u>35,629.</u>



## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 3-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions		Employer identification number (EIN) or
	SHELBY MEMORIAL HOSPITAL ASSOCIATION, INC.	<input checked="" type="checkbox"/>	37-0512290
	Number, street, and room or suite no. If a P O box, see instructions		Social security number (SSN)
	200 SOUTH CEDAR STREET	<input type="checkbox"/>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	SHELBYVILLE, IL 62565		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ PHILIP MILLER

Telephone No. ▶ 217 774-3961 FAX No ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 07/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 20\_\_\_\_ or  
 ▶  tax year beginning 09/01, 20 11, and ending 08/31, 20 12.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)